|  |  |  |
| --- | --- | --- |
| **Date of Birth** |  | **Appointment time** |
| **NHS number (if known)** |  | |
| **Surname** |  | |
| **First Name** |  | |
| **Email address** |  | |
| **Postcode** |  | **Phone number** |

|  |  |
| --- | --- |
| First vaccination ☐ Date: | Second vaccination ☐ |

**EMERGENCY CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone number |

**PERSONAL INFORMATION**

**Are you:** Carer☐ Social care worker☐ Health care worker☐ Working in residential care home for older people☐ Living in a residential care home☐ None of the above☐ Refuse to answer☐

**Ethnicity:** White – British ☐ White – Irish ☐ White – Other ☐ Mixed – White and Black Caribbean ☐ Mixed – White and Black African ☐ Mixed – White and Asian ☐ Mixed – Other mixed group ☐ Asian or Asian British – Indian ☐ Asian or Asian British – Pakistani ☐ Asian British – Bangladeshi ☐ Asian or Asian British – Other Asian Background ☐ Black or Black British – Caribbean ☐ Black or Black British – African ☐ Black or Black British – Other Black Background ☐ Chinese ☐ Any other ethnic group ☐ Not stated ☐

**SCREENING QUESTIONS Yes/No**

|  |  |
| --- | --- |
| Any other vaccine within the last 7 days? |  |
| Current fever, unwell or any COVID-19 symptoms? |  |
| Previous history of severe allergic reaction (anaphylaxis)? |  |
| Are you or could you be pregnant? |  |
| Taking any blood thinners (anticoagulant) or bleeding disorder? |  |
| Taking part in any coronavirus vaccine trial? |  |

|  |  |  |
| --- | --- | --- |
| **Date of Birth** |  | **Appointment time** |
| **NHS number (if known)** |  | |
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|  |  |
| --- | --- |
| First vaccination ☐ Date: | Second vaccination ☐ |

**EMERGENCY CONTACT INFORMATION**

|  |  |  |
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| Name | Relationship | Phone number |

**PERSONAL INFORMATION**

**Are you:** Carer☐ Social care worker☐ Health care worker☐ Working in residential care home for older people☐ Living in a residential care home☐ None of the above☐ Refuse to answer☐

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